

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000014775

1. Entity Name

ARCO ENTERPRISES, INC.

FILED

May 08, 2000 8:00 am  
Secretary of State

05-08-2000 90142 018 \*\*\*150.00

Principal Place of Business

Mailing Address

4815 E. BUSCH BLVD.  
112  
TAMPA FL 33617  
US

P.O. BOX 16404  
TEMPLE TERRACE FL 33687-6404  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3167703

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AKINS, SUSAN  
4815 E. BUSCH BLVD.  
STE 112  
TAMPA FL 33617

Name

H.E. LANGSHAW

Street Address (P.O. Box Number is Not Acceptable)

4815 E BUSCH BLVD - STE 112

TAMPA

City

FL

Zip Code

33617

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

*H. Langshaw*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete  
NAME LANGSHAW, H E  
STREET ADDRESS 4815 E. BUSCH BLVD. #112  
CITY-ST-ZIP TAMPA FL 33617

TITLE PD ☒ Change ☐ Addition  
NAME G. ROBERT LANGSHAW  
STREET ADDRESS 4815 E BUSCH BLVD - STE 112  
CITY-ST-ZIP TAMPA FL 33617

TITLE S ☒ Delete  
NAME AKINS, SUSAN  
STREET ADDRESS 4815 E. BUSCH BLVD. #112  
CITY-ST-ZIP TAMPA FL 33617

TITLE S/T ☒ Change ☐ Addition  
NAME H.E. LANGSHAW  
STREET ADDRESS 4815 E BUSCH BLVD #112  
CITY-ST-ZIP TAMPA FLA, 33617

TITLE ST ☒ Delete  
NAME AKINS, SUSAN  
STREET ADDRESS 4815 E. BUSCH BLVD. #112  
CITY-ST-ZIP TAMPA FL 33617

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00

Date

813 980 2503

Daytime Phone #